2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001840

CROSS, BRENDA

NEW IBERIA, LA 70562

118 POLLARD

Name:

Address:

City-St-Zip:

Entity Name: JAVELER CONSTRUCTION CO. IN

FILED Jul 08, 2009 Secretary of State

Entity Na	me: JAVELEF	R CONSTRUCTION CO., INC).				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4406 HIGH NEW IBEF	HWAY 14 RIA, LA 70560						
Current Mailing Address:			New Mailing Address:				
P. O. BOX NEW IBEF	(13370 RIA, LA 70562)	3370					
FEI Number	: 59-1277916	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate	of Status Desir	red ()
Name and	l Address of C	Current Registered Agent:	Name and	Address of	New Regis	stered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or rec	gistered agent	, or both,
SIGNATUI	RE:						
	Electror	nic Signature of Registered A	gent		D	ate	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (CROSS, LESLI P. O. BOX 133 NEW IBERIA, L	70	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VS (CROSS, BREN P. O. BOX 133 NEW IBERIA, L	70	Title: Name: Address: City-St-Zip:	() Change()) Addition	
Title: Name: Address: City-St-Zip:	C (CROSS, LESLI 118 POLLARD NEW IBERIA, I		Title: Name: Address: City-St-Zip:	C (CROSS, LES 11451 LA HW ERATH, LA 7	Y. 89) Addition	
Title:	VC () Delete	Title:	VC (X) Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CROSS, BRENDA

11451 LA HWY 89

ERATH, LA 70533

SIGNATURE: LESLIE M. CROSS PRES 07/08/2009